



MICROFORM TRANSMITTAL AND RECEIPT COUNTY / LOCAL OFFICE

State Form 49466 (R / 10-05)

INDIANA COMMISSION ON PUBLIC RECORDS / INDIANA STATE ARCHIVES

Page 1 of _____ pages

Complete form and send to:

Indiana Commission on Public Records
402 West Washington Street, Room W472
Indianapolis, IN 46204

Telephone : 317-232-3661

Fax: 317-233-1713

Commission's Web Page: <http://www.in.gov/icpr/>

Instructions and Guidelines for Transferring Microform Records

- USE A SEPARATE FORM FOR EACH COUNTY RECORD TITLE.**
- This form is to be used only for the transfer of records on any type of Microform. "Microform" means any type of microfilm, microfiche, or Computer Output Microfiche (COM).*
- Complete and send this form to the Indiana Commission on Public Records (ICPR) before sending the microform records. The ICPR will not accept any microform records without prior approval of this transmittal form. An approved copy of this form must accompany the microform shipment.*
- Microform records transferred to the Indiana State Archives on an approved retention schedule must have a record series / retention number. Microform records not on an approved retention schedule will be accepted or rejected on a case by case basis.*
- By signing this form, the county official transfers ownership of the microform records to the ICPR. See IC 5-15-5.1-11.*
- Any microform record transferred to the Archives is considered to be a permanent record. The microform records must therefore meet the standards outlined in 60 IAC 2 or Administrative Rule 6, Indiana Supreme Court. The county official is required to use acid free boxes. The county official must label the boxes using State Form 36074, which can be ordered from the ICPR, Micrographics Division.*
- The county official must verify the completeness and legibility of the records on the microform and must provide an inventory of the records on the microform.*

Name of county		Name of county office	
Record title		Record series / retention number	
Total number of rolls or fiche sheets in shipment	Roll numbers From: To:	Inclusive dates of records filmed (month, day, year) From: To:	

AUTHORIZATION TO TRANSFER MICROFORM RECORDS (to be filled out by the county)

Signature of county official	Printed name of county official		Date signed (month, day, year)
Address (number and street, city, state, ZIP code)	Telephone number ()	Fax number ()	E-mail address
Signature of person shipping microform records, if different	Printed name and title of person shipping microform records, if different		Date signed (month, day, year)

RECEIPT OF MICROFORM RECORDS (ICPR use only)

The transfer of the microform records is <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected. If rejected, state the reasons:		
Signature of ICPR employee authorizing transfer	Printed name of ICPR employee	Date signed (month, day, year)
Signature of Archives employee receiving microform records	Printed name of Archives employee	Date signed (month, day, year)

COUNTY / LOCAL OFFICE

State Form 49466 (R / 10-05)

INDIANA COMMISSION ON PUBLIC RECORDS / INDIANA STATE ARCHIVES

Page _____ of _____ pages

Name of county		Name of county office	
Record title		Record series / retention number	
Total number of rolls or fiche sheets in shipment	Roll numbers	Inclusive dates of records filmed (<i>month, day, year</i>)	
	From: To:	From: To:	

INVENTORY OF RECORDS

Roll # or Sheet #s: Number rolls or sheets sequentially. Note duplicate or missing numbers.

Media: Microfiche or COM; or 16mm, 35mm or 105mm film.

Start / End: This could be dates, names, case numbers, etc.

[illegible]